Student ID	Student Name	Age	Date of Birth	Gender
037847	LISA BURT	14	11/15/2011	F
Academic Year	**Home Campus**	**Current Campus**		**Grade**
2026-27	Livingston High School	Livingston High School		09

Notice of IEP Meeting

Date of Notice	Method of Delivery
8/1/2026	☑ Sent ☐ Given ☑ Mailed ☑ E-mailed
☑ Yes ☐ No	**Explanation of Procedural Safeguards was included with one or more notices related to this meeting.**

Parent 1 Name	Parent 2 Name
KEYLA WOODWARD - 188 OLIVER LN, LIVINGSTON, TX 77351	LISA BURT (Student)

We would like to invite you to attend an Individualized Education Program (IEP) Meeting to discuss educational programming for LISA. We encourage you to attend this meeting as your involvement is an important part of LISA's education. If graduation is being discussed, it is a change of placement and, upon graduation a student is no longer eligible for services under IDEA and graduation with a regular high school diploma terminates entitlement to the foundation schools program benefits.

Meeting Date	Meeting Time	Meeting Location	Room #
8/13/2026	9:00 AM	Livingston High School	ARD Room
See Google Invite to follow			

The purpose of the meeting is to

- ☑ Discuss, at your request, any educational or related service not proposed below
- ☐ Initiate special education services if your child meets eligibility criteria
- ☑ Review your child's program (including results of any new evaluations)
- ☑ Develop and/or review the Individual Education Program (IEP) for your child
- ☐ Consider Extended School Year Services
- ☑ Consider Transition Services/Other Post-Secondary Needs
- ☐ Graduation/Dismissal
- ☐ Other

If other, then

The district will invite LISA BURT to this meeting.

☑ Yes ☐ No

The following persons have been asked to participate in this meeting/discussion (refer to the Notice Response Form for additional attendee information).

Parent/Guardian
LEA Representative
General Education Provider
Special Education Provider
Assessment Personnel

Additional participants

The following agencies have been invited to send a representative to this meeting

Local Education Agency (LEA)

Part C service coordinator/representative per parent request	Date Part C was invited
☐ Yes ☐ No ☑ N/A	

The following evaluation procedures, tests, records, or reports will be reviewed and discussed

- ☑ Full and Individual Evaluation (FIE) (language, physical, emotional/behavioral, sociological, intellectual, educational performance)
- ☑ School permanent records (grades, attendance reports, teachers' observation, achievement test scores, discipline reports)
- ☐ Independent evaluation report
- ☑ Parent information
- ☐ Other:

Other factors relevant to this IEP Committee Meeting

The district does not discriminate on the basis of gender, disability, race, color, age, or national origin in its education programs, activities, or employment as required by Title IX, Section 504 and Title VI.

Procedural Safeguards Statement

Your rights were explained to you when your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards in your native language or other mode of communication at least once a year. Please contact David Murphy, at (936) 328-2320 if you have any questions or need names of other individuals to assist you in understanding this document.

Please KEEP THIS PAGE for your records.

If you have any questions, feel free to contact me:

School Staff Member	Phone Number	Email
Smith, Michelle	(936) 328 - 2320	mrsmith@livingstonisd.com

Student ID	Student Name	Age	Date of Birth	Gender
037847	LISA BURT	14	11/15/2011	F
Academic Year	**Home Campus**	**Current Campus**		**Grade**
2026-27	Livingston High School	Livingston High School		09

Notice of IEP Meeting: Parent Response

IEP Meeting Date	IEP Meeting Time
8/13/2026	9:00 AM

Date of Notice	Language	Method of Delivery
8/1/2026	English	Sent/given in language indicated

Please check the appropriate statement(s) below and return

☐ I will attend the meeting at the scheduled date and time.
☐ I am unable to attend meeting at the suggested time.
☐ Please contact me at the number below to reschedule.
☐ I will not be able to attend the meeting.
☐ Please have it without me. I wish to be notified of the results of the meeting.
☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at the number below at the scheduled meeting time.

Phone number (if required): ( ) -

☐ Yes ☐ No	**I have been informed of the IEP Meeting in my native language.**
☐ Yes ☐ No	**I have been fully informed and do understand the IEP process and why it is being recommended for my child/me.**
☐ Yes ☐ No ☐ NA	**I give permission for the agencies listed on the notice to be invited to the IEP Meeting. Exceptions are listed in the Comments section below.**
☐ Yes ☐ No ☐ NA	**I waive the required five school day waiting period between NOTICE OF THE IEP MEETING and the IEP COMMITTEE MEETING.**

Comments:

Signature of Parent/Guardian/Adult Student	**Signature Date**

Signature of Interpreter, if used:	**Signature Date**

Please return this form to: Smith, Michelle **at:** Livingston High School
If you have any questions, feel free to contact me.

Phone Number	Email
(936) 328 - 2320	mrsmith@livingstonisd.com

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